

SWITCH TO RIDGEWOOD'S BETTER BANKING

Automatic Payment Change Authorization

Please bring form to any
Ridgewood Savings Bank
branch for completion by a
Customer Service
Representative

Date _____ Name of Company/Merchant that Makes Automatic Payments _____

Mailing Address _____ City _____ State _____ Zip _____ Phone _____

To Whom it May Concern:

Please redirect my Automatic Payment: Starting Now or Starting on: _____
Enter Date

Present Financial Institution Name _____ Address _____

Financial Institution ABA/Routing # _____ Account Number _____

***To my Ridgewood Savings Bank Checking Account Number
Below:***

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(Leading zeros, left justified)

ABA/Routing # 226071033

If you have questions about this request, please contact me:

Name (please print) _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

Instructions: Please bring this form to any Ridgewood Savings Bank branch for completion by a Customer Service Representative.

You may want to keep your previous account open for two months in order to ensure that all Automatic Payments transfers are complete.